

# APPLICATION FOR WELL CONSTRUCTION PERMIT

ORANGE COUNTY HEALTH CARE AGENCY  
ENVIRONMENTAL HEALTH DIVISION

2009 E. EDINGER AVENUE  
SANTA ANA, CA 92705-4720

(714) 667-3600  
FAX: (714) 667-3754

CITY		DATE	WELL PERMIT NUMBER	
WELL LOCATION (ADDRESS IF AVAILABLE)				
NAME OF WELL OWNER		<b>TYPE OF WELL (CHECK)</b> PRIVATE DOMESTIC <input type="checkbox"/> PROBE SURVEY <input type="checkbox"/> PUBLIC DOMESTIC <input type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> SOIL BORING <input type="checkbox"/> CATHODIC <input type="checkbox"/> OTHER _____ <input type="checkbox"/> TOTAL NUMBER _____		
ADDRESS				
CITY	ZIP			TELEPHONE
NAME OF CONSULTING FIRM				
BUSINESS ADDRESS				
CITY	ZIP	TELEPHONE		
NAME OF DRILLING CO.		C-57 LICENSE NO.		
CITY	ZIP	TELEPHONE		
DIAGRAM OF WELL SITE (Use additional sheets and/or attachments)		<p><i>I hereby agree to comply in every respect with all requirements of the Health Care Agency and with all ordinances and laws of the County of Orange and of the State of California pertaining to well construction, reconstruction and destruction, including the requirements to maintain the integrity of all significant confining zones.</i></p> <p>_____ APPLICANT'S SIGNATURE</p> <p>_____ DATE</p> <p>_____ PRINT NAME</p> <p>_____ PHONE NUMBER</p> <p>_____ FAX NUMBER</p>		
<input type="checkbox"/> SITE PLAN ATTACHED				
<b>FOR ACCOUNTING USE ONLY:</b>  HSO NO. _____ CHECK NO. _____  DATE _____ AMOUNT _____  INTL. _____		<b>DISPOSITION OF PERMIT (DO NOT FILL IN):</b>  <input type="checkbox"/> <b>APPROVED</b> SUBJECT TO THE FOLLOWING CONDITIONS:  A. NOTIFY THIS AGENCY AT LEAST <b>48 HOURS</b>  <input type="checkbox"/> PRIOR TO START.  <input type="checkbox"/> PRIOR TO SEALING THE ANNULAR SPACE OR FILLING OF THE CONDUCTOR CASING.  B. <input type="checkbox"/> SUBMIT TO THE AGENCY WITHIN 30 DAYS AFTER COMPLETION OF WORK, A WELL COMPLETION REPORT AND/OR DRILLING LOGS. PLEASE REFERENCE PERMIT NO.  C. <input type="checkbox"/> SECURE ALL MONITORING WELLS TO PREVENT TAMPERING.  D. <input type="checkbox"/> OTHER _____  <input type="checkbox"/> <b>DENIED</b> _____  _____ PERMIT ISSUED BY		
<b>APPROVAL BY OTHER AGENCIES:</b>  JURISDICTION _____  REMARKS _____ _____ _____ _____ _____ _____  _____ AUTHORIZED SIGNATURE		_____ DATE		
_____ DATE		_____ PRINT NAME		
		_____ PHONE NUMBER		

WHEN SIGNED BY ORANGE COUNTY HEALTH CARE AGENCY REPRESENTATIVE, THIS APPLICATION IS A PERMIT.